#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** JOSEPH ላ NAME SHEELX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** PO BOX 2308 LEANDER TX 78646 AREA CODE PHONE NUMBER EXTENSION Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked 731 - 8789 OFFICEHOLDER (512) PHONE Amount \$ Receipt # 6 CAMPAIGN **TREASURER** JO SEPH Date Processed NAME NICKNAME SUFFIX Date Imaged MIKE STREET ADDRESS (NO PO BOX PLEASE). STATE ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** W SOUTH ST LEANDER TX 78641 PHONE NUMBER EXTENSION (Residence or Business) 8 CAMPAIGN **TREASURER** (512) 731 - 8789 PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 03 OZ 22 THROUGH 2021 2021 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Month Day Year Description 05 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE LEANDER CITY COUNCIL PLACE Z THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER T UARANTEES OF LOANS, OR ELECTRONICALLY)	HAN	\$	Ø
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES.	ITRIBUTIONS LOANS, OR GUARANTEES OF LOA	NS)	\$ 2	, 405.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.		\$	Ø
	4. TOTAL POLITICAL EXP	ENDITURES		\$ 3	067.24
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$ 2	402.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS A RTING PERIOD	S OF THE	\$ 30	64.74
	wear, or affirm, under penalty of perju		true and co	prrect and inc	ludes all information
re	quired to be reported by me under Title	15, Election Code.			
		Ix hu	1		
		Signature of	f Candidate	or Officehold	ler
	Please co	mplete either option be	ow:		
	DARA CRABTREE				
Notary	Public, State of Texas				
	n. Expires 09-23-2023 Itary ID 10273820				
(1) Amuavit	tary 10 10273820				
NOTARY STAMP/SEA		O 7 1 11			n
Sworn to and subscribed	before me by MIKE Sande	rs out yhall this	the <u>5</u>	_ day of:	pril.
20, to certify	which, witness my hand and seal of office	ce.	1.	1010	3 1
darace	abtre Dara	Crabtree MC	1912Y/	lity?	secretari
Signature of officer administr	ering oath Printed name	of officer administering oath		Title of office	er administering oath
		OR			
(2) Unsworn Declarat	on				
(=) Onoworn Deciarat	VII.				
My name is		, and my date of bird	th is		
			.1		
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	on theday of	nonth)	20 (year)	
		Signature of Ca	andidate/Offic	ceholder (Dec	clarant)

## SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Commission				
	JOSEPH M (MIKE) SANDÉRS				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,405			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ Ø			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$			
4.	SCHEDULE E: LOANS	s 3, 064.74			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,202.50			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 175.00			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,864.74			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <b>Ø</b>			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ Ø			

## MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

'		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state_PAC (ID#:	7 Amount of contribution (\$)
3/15/21	LEE ZIAMENMAN  6 Contributor address; City; State; Zip Code  6200 EMPNEYS DR, AMTIN TX 78738  pation / Job title (See Instructions)  9 Employer (See Instructions)	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state_PAC (ID#:	/discont of contribution (4)
3/15/21	לקק אל ארבל Contributor address; City; State; Zip Code	
	637 PERELIZE LAY, LEARTH TX 7861 pation / Job title (See Instructions) Employer (See Ins	41
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date	Full name of contributor out-of-state_PAC_(ID#	Amount of contribution (\$)
3/17/21	Λαριρ Ιθήξξ Contributor address; City; State; Zip Code	* 75.00
Distinct	1810 TOLTHEREEN PA LEPAPER TX 7864, pation / Job title (See Instructions) Employer (See Instructions)	/
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)
Date	Full name of contributor out-of-state_PAC_(ID#	) Amount of contribution (\$)
3/17/21	Tom LANC FOND  Contributor address; City, State; Zip Code	\$10.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A lf contributor is out-of-state PAC, please see Instruction guide for additional contributor is out-of-state PAC, please see Instruction guide for additional contributor is out-of-state.	

#### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	, .			
The Instructio	The Instruction Guide explains how to complete this form.			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
José	EPH A (MIKE) SON	rent		
	ame of contributor out-of-state PA(		7 Amount of contribution (\$)	
3/11/2. M	ANGARET NORBUT		\$ 100,00	
	ibutor address; City;	and the same of th	100,100	
3186	9 MISTION TRE LAKE ELVI,	JONÉ CA 92530		
8 Principal occupation / Jo	b title (See Instructions)	9 Employer (See Instruct	ions)	
Date Full n	ame of contributor □ out-of-state PA(	(ID#)	Amount of contribution (\$)	
			Amount of contribution (\$)	
5/15/21	t L MARTIX  ributor address; City;	State; Zip Code	\$ 100,00	
			100,00	
7601	RYOAKS CV, ANTIN	Tx 78717		
Principal occupation / Job		Employer (See Instruct	ions)	
	ame of contributor	C (ID#)	Amount of contribution (\$)	
7/	A 207 P177/			
7/15/21 Contri	A N P P 1 77/ ibutor address; City;	State; Zip Code	\$2,000.00	
		To TRILY.	,	
Principal occupation / Job	LAJITA/ LÉPANÉR	Employer (See Instruct	ions)	
	(000 1101 1010 110)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	ame of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)	
/ / / / / / / / / / / / / / / / / / / /	DORA FIGUEROA		\$100.00	
(1)/ [   Contr	ributor address; City;	State; Zip Code	7 700.00	
1139	FOREIT BLUFF TRL ROW	NO ROCK, TX 78 665		
Principal occupation / Jol	7	Employer (See Instruct	ions)	
		And the state of t		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED	

#### SCHEDULE E LOANS

	If the requested information is not applicable, DO NOT include this page in the report.				
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	,- 	TOSEPH M (MIKE) SAL	NDENT		
4		IITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#)	9 Loan Amount (\$)	
	7/4/21	MINE SAMPER		\$ 25.24	
6	ls lender a financial	8 Lender address; City;		10 Interest rate	
	Institution? Y N			11 Maturity date	
		on / Job title (See Instructions)	per 1x 18691		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political	
46	none	4.7 Name of querenter		10 Amount Cugrantood (\$\)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
	not applicable				
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	2/10/21			\$ 66.00	
_		MINE TAMEN		Interest rate	
	Is lender a financial	Lender address; City,	State; Zip Code	Ø	
	Institution?		N/111	Maturity date	
	YN	on / Job title (See Instructions)	hen 1×17641		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Coll	ateral	Check if personal fun	ds were deposited into political	
	none		account (See Instruct		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State: Zip Code		
	da				
	not applicable				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)		
		ATTACH ADDITIONAL COD	IFE OF THIS SCHEDULE AS NO	-DED	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

# **LOANS**

SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. PG 2 OF 6 3 Filer ID (Ethics Commission Filers) 2 FILER NAME JOJEPH M (MINE) TANTEN 4 TOTAL OF UNITEMIZED LOANS \$ 5 Date of loan 7 Name of lender out-of-state PAC (ID#\_\_\_\_ 9 Loan Amount (\$) Slender 8 Lender address; City; State; \$ 219.07 Institution? 11 Maturity date Y N | 1016 L TOUTH IT LEANDER TX 77641

12 Principal occupation / Job title (See Instructions) | 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION State; Zip Code 18 Guarantor address; City; not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#\_\_\_\_\_\_) 8 358.18 A INTE SA MYEN Lender address; City; State; Zip Co Interest rate a financial Institution? 1016 & South IT, LEARDER TX 78641 Principal occupation / Job title (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City: State: Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	if the requested information is not applicable, bo Not include this page in the report.				
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Jo,	SEPH A (MINE) TANKE	try		
4	TOTAL OF UN	IITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#)	9 Loan Amount (\$)	
	3/1/21	MINE SANDENS		\$ 25.00	
6	Is lender a financial Institution?	8 Lender address; City:	State; Zip Code	10 Interest rate	
	Y (N)	1016 W Touth ST LE	Arpin Tx 78641	11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Colli	ateral	Check if personal fun account (See Instruct	ds were deposited into political	
16	GUARANTOR INFORMATION	SUARANTOR 17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
	not applicable	Turney, January, Ony,			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender out-of-state i	PAC (ID#)	Loan Amount (\$)	
	3/2/21	MINE TANK NI		J 738.82	
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
	Y (b)	1016 W SOUTH /T LEAR	DER TX 78641	Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Colla	ateral	Check if personal fun	ds were deposited into political	
⊠ none		account (See Instruc			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDING AS MEEDED				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

#### SCHEDULE E LOANS

If the requested information is not applicable, DO NOT include this page in the report.

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2 FILER NAME	JOSEPH M (MINE) JAM	(p & R)	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF U	NITEMIZED LOANS		\$	
5 Date of loan 3/10/21	7 Name of lender out-of-state		9 Loan Amount (\$)	
6 Is lender a financial Institution?	8 Lender address; City;	State: Zip Code	10 Interest rate  11 Maturity date	
Y (1)	1016 W JOHTH ST L	EARTER TX 78641	, , , , , , , , , , , , , , , , , , , ,	
12 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	1	
14 Description of Co  ☐ none	illateral	Check if personal fundaccount (See Instruct	ds were deposited into political itions)	
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)	
🔀 not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occup	ation (See Instructions)	21 Employer (See Instructions)		
Date of loan 3/11/21		PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate  Maturity date	
Y (N)	1016 W SONTH IT 1	EAMPER TX 78641	Maturity date	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instructions)		
Description of Co	ilateral	Check if personal fun account (See Instruct	ds were deposited into political tions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
⊠ not applicabl	Guarantor address; City;	State; Zip Code		
y	tion (See Instructions)	Employer (See Instructions)	1	
)f	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEI		
		thics.state.tx.us	Revised 8/17/2020	

#### SCHEDULE E LOANS

	If the requested information is not applicable, DO NOT include this page in the report.				
	The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
	J	OSEPH M (MINE) SAND	éry .		
4	TOTAL OF UN	IITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender out-of-state F	PAC (ID#)	9 Loan Amount (\$)	
	3/12/21	MINE SANGEN		\$ 465.97	
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
	Y (N)	1016 W SOUTH ST, L	EANDER TX 78641	11 Maturity date	
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Coll	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
		18 Guarantor address; City;	State; Zip Code		
	not applicable	, ,			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)	
	3/13/21	MIKE TANDENT		£ 85.66	
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
		on / Job title (See Instructions)	n Tx 78641	Maturity date	
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
	Description of Coll	ateral	Check if personal fun	ds were deposited into political	
	none		account (See Instruc		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)		
		ATTACH ADDITIONAL COR	IES OF THIS SCHEDULE AS NE	FDFD	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

#### LOANS SCHEDULE E

		If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
The I	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
J056	PH M (MIKE) JANDE	ry'				
	ITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#)	9 Loan Amount (\$)			
3/1/21	MIKE PANTER	/	\$ 200.00			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate			
Y (N)	1016 W SOUTH ST LE	AMPÉR TX 78641	11 Maturity date			
12 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)				
14 Description of Colla	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor	1	19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupati	on (See Instructions)	21 Employer (See Instructions)				
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
3/8/21	MIKÉ Tarrény		\$1,000.00			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate			
Y N	1011 12 /04TH /T 1	60 min Tx 7864	Maturity date			
Principal occupation	in / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	nteral	Check if personal fun	ds were deposited into political			
		account (See Instruct	tions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
If lo	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (subsequenced listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Other (enter a category not listed above)
Credit Card Fayment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JOSEPH M (MIKE) SA	res	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/21	5 Payee name		
6 Amount (\$)  \$ 36.75	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVÉRTITIAL EXPÉNTE	T-p0,	IT DRIVER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 3/3/21	Payee name I H O P		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 27.53			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD BEVERAGE	MTC L	ITH AL MARTIN
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/7/21	CONET		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 16.11			
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Aprentiling EXPENTE	Look	SLATY
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District

Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/M	/ages/Contract Labor	Other (enter a categor	y not listed above)
	The Instruction Guide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME JOKEPH M (MINIC)		3 Filer ID (Ethics	Commission Filers)
4 Date 3/8/21	5 Payee name  DIRT CHEAS J			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
t 992.65				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTITING EXPENSE	4 FT X 8 FT	+ YARD,	TIGN
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living	expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
3/4/21	OFFICE DÉPOT			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$ 58.87				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVENTIMIL EXPENSE	MATU	PIPL	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	(	Office held
Date	Payee name			
3/9/21	AWTIN TELCO			
Amount (\$)	Payee address;	City;	State;	Zip Code
t 9.95				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ACCOUNTING/ BANKING	CHECK	BOOK	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEI	DED	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

## 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 6 Amount (\$) State: Zip Code \$ 14 06 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** LABEL ADVERTITIAL EXPERTE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name 60 We/ State; Zip Code City; Pavee address: 1 25,81 Description Category (See Categories listed at the top of this schedule) OF ADVENTISING EXPENSE MATERIALI **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name LOWER Amount (\$) Zip Code Payee address: City: State: \$ 10.78 Category (See Categories listed at the top of this schedule) Description **PURPOSE** MATERIAL POVENTILING EXPENTE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Office held

Complete ONLY if direct expenditure to benefit C/OH

Office sought

Candidate / Officeholder name

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Vages/Contract Labor	Travel Out Of District Other (enter a category no	ot listed above)
1 Total pages Schedule F1:	2 FILER NAME JOJEPH A (MINE) /	a ~nen/	3 Filer ID (Ethics Co	mmission Filers)
4 Date 3/19/21	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Aprilip Tilling Exferile	(b) Description	FOR DOOR	14
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living exp	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ice held
Date	Рауее пате			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Off	ice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Of	fice held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

## **UNPAID INCURRED OBLIGATIONS**

If the requested information is not applicable, DO NOT include this page in the report.			
EXPENDITURE CATEGORIES FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
4 - 1	The Instruction Guide explains how to complete this form.	2 51 UD (Faling Commission Files)	
1 Total pages Schedule F2:	JOSEPH M (MIKE) SANDERY	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date 3/20/2/	6 Payee name		
7 Amount (\$)	8 Payee address; City;	State; Zip Code	
\$ 175,00	1105 OANWOOD DR, LEAMPER	TX 78641	
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF ADVENTIGIAC EXPENSE PHOTO SHOOT			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T. Check if Aus	stin, TX, officeholder living expense	
11 Complete ONLY if direct			
Date	Payee name		
Amount (\$)	Payee address; City;	State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description		
	Check if travel outside of Texas. Complete Schedule T. Check if A	ustin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED	

If the requested information is not applicable, DO NOT include this page in the report.			
Advertising Expense Accounting/Banking		OR BOX 10(a)  yment/Reimbursement thead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Ex	pense pense /ages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME  JOSEPH M (MINE) JANDENS  3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$
5 Date 2/9/21	6 Payee name		
7 Amount (\$) \$ 25,24	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Po	ilitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	ADVERTISIAG EXPENSE	SAMPLE	4 PRP/IGN
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
Date 7/10/21	Payee name  V. J. 825TAV J	envicé	
Amount (\$)  \$ 6 6 . 0 0	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Non-Pe	blitical	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	POST OFFICE BOX		
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name C	ffice sought	Office held
-			
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EEDED

If the requested information is not applicable, DO NOT include this page in the report.			
	EXPENDITURE CATEGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			
4 7 1 2 2 2 2 2 2 2 2 2			
1 Total pages Schedule F4:	2 FILER NAME  JOSEPH M (MINE) SANTEN  3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date	6 Payee name		
2/11/21	Blué HOST		
<b>7</b> Amount (\$)	8 Payee address; City; State; Zip Code		
\$ 219.03			
9 TYPE OF EXPENDITURE	Political Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE	1 ( > /		
OF	ADVERTISINE EXPENTE LEBSITE		
EXPENDITURE	(C) Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
	Payee name		
Date			
2/25/21	SIGNS ON THE CHEAP		
Amount (\$)	Payee address; City; State; Zip Code		
358.18			
TYPE OF EXPENDITURE	Political Non-Political		
	Category (See Categories listed at the top of this schedule)  Description		
PURPOSE			
OF	ADVERTITIAG EXPERTE GARD SIGNS		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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If the requested inform	nation is not applicable, <b>DO NOT incl</b> u	ide this page in the rep	oort.
	EXPENDITURE CATEGO	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Fees Food/Beverage Expense  Gift/Awards/Memorials Expense  Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains	how to complete this form.	
1 Total pages Schedule F4:	JOSEPH M (MINE)	SANTEN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$
5 Date 3/1/21	6 Payee name	Th CLERY	
7 Amount (\$)	8 Payee address;	City;	State: Zip Code
\$ 75.00			
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sol	nedule) (b) Description	ILED DRA
PURPOSE OF	ACCOUNTING/ BANKING		
EXPENDITURE	THE TALL BAPRING	191MC /	TONDENS CAMPAIGN
	(c) Check if travel outside of Texas. Complete Sch	nedule T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/2/21	Payee name	PRINT	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 738.82			
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this so	thedule) Description	
PURPOSE OF EXPENDITURE	ADVERTITIVE EXPENTE	STPV(E/	FOR FIGN
	Check if travel outside of Texas. Complete Sc	hedule T. Check if A	ustin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

If the requested inform	mation is not applicable, DO NOT include this page in the repor	t.		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F4:				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 3/10 /21	6 Payee name			
7 Amount (\$) \$ 36.29	8 Payee address; City;	State; Zip Code		
9 TYPE OF EXPENDITURE	Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Aprén71112 EXPÉRIE PHO7	-0/		
	(c) Check if travel outside of Texas Complete Schedule T. Check if Austin.	TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held		
Date 3/10/21	Payee name  LOOGLE DOMAIN			
Amount (\$)	Payee address; City;	State; Zip Code		
TYPE OF EXPENDITURE	Political Non-Political			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	APVERTIFIAC EXPENSE WEB	HOSTING		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin	. TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEED	DED		

If the requested information is not applicable, DO NOT include this page in the report.			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
PLT OF 10	JOSESH M (MINE)	SANEN	
	ZED EXPENDITURES CHARGED		\$
5 Date $\frac{3}{10} / 21$	6 Payee name	MAIN	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	> Political	Non-Political	
10	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	(c) Checkiftraveloutside of Texas. Complete S		HOSTING
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date 3/10/21	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF EXPENDITURE	ADVERTITIONE EXPERT	CAB	LE TIES
	Check if travel outside of Texas. Complete S	Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

If the requested information is not applicable, DO NOT include this page in the report.			
Advertising Expense Accounting/Banking	EXPENDITURE CATEGORIES FOR BOX 10(a)  Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense		
Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Food/Beverage Expense Polling Expense Travel In District  Gift/Awards/Memorials Expense Printing Expense Travel Out Of District		
1 Total pages Schedule F4:	2 FILER NAME  JOSEPH M (MINE) SANDERY  3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$		
5 Date 3/11/21	6 Payee name Η 9 Μέ ρεγοΤ		
7 Amount (\$)	8 Payee address; City; State; Zip Code		
9 TYPE OF EXPENDITURE	Political   Non-Political		
10	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	ADVENTIFIAL EXPENSE BOARDS, SCREW, CARLE TIE		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
Date 3/11/21	Payee name TRACTOR /UPPLY		
Amount (\$) \$ 67.61	Payee address; City; State; Zip Code		
TYPE OF EXPENDITURE	Non-Political Non-Political		
	Category (See Categories listed at the top of this schedule)  Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE T- POSTS		
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held  Complete ONLY if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

If the requested information is not applicable, DO NOT include this page in the report.			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Over Food/Beverage Expense Polling Exp y Gift/Awards/Memorials Expense Printing Exp	rment/Reimbursement head/Rental Expense ense bense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME JOSEPH M (MINE) FAM	per	3 Filer ID (Ethics Commission Filers)
1	IZED EXPENDITURES CHARGED TO A CR	EDIT CARD	\$
5 Date 3/12/21	6 Payee name Wal はんじん/		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Pol	litical	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVENTILING EXPENTE  (c) Check if travel outside of Texas. Complete Schedule T.		ustin, TX, officeholder living expense
11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
Date 3/12/21	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	olitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVENTISING EXPENSE  Check if travel outside of Texas. Complete Schedule T.		Ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name O	ffice sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EEDED

If the requested information is not applicable, DO NOT include this page in the report.			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees C Food/Beverage Expense P Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement ffice Overhead/Rental Expense ollling Expense rinting Expense alanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILERNAME JOSEPH M (MINE)	PAREN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$
5 Date 3/12 /21	6 Payee name しんいが		
7 Amount (\$) \$ \$5.72	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche  ADVERTITIES EXPERT  (c) Check if travel outside of Texas. Complete Sche	E BO	ustin, TX officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3/12/21	Payee name	PRINT	
Amount (\$)	Payee address;	City:	State; Zip Code
TYPE OF EXPENDITURE	No Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	re H	STAVIE/
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED

If the requested information is not applicable, DO NOT include this page in the report.			
	EXPENDITURE CATEGORIES F	OR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Office Ove Food/Beverage Expense Polling Expense Office Ove Gift/Awards/Memorials Expense Printing Expense Office Over	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	S. Winz	3 Filer ID (Ethics Commission Filers)
PG 9 0F 10		JA MENT	
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED TO A CF	EDIT CARD	\$
5 Date . 3/13/21	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$ 18.06			
9 TYPE OF EXPENDITURE	∠ Political Non-Political	olitical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FOOD / BEVERACE	LUNCH WI	TH CAMPOICN WORKER
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name C	office sought	Office held
Date 3/13/21	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
# 4,31			
TYPE OF EXPENDITURE	Non-P	olitical	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FOOD / BEVERACE	IMMEH W	ITH CAMPAIGN WONYLON
	Check if travel outside of Texas. Complete Schedule T.	Check if A	austin. TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name (	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	CHEDILLE VON	EEDED

#### SCHEDULE F4

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Food/Beverage Expense Grft/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOSEPH M (MINE) PARPEN PG 19 0 F 10 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name ount (\$) 8 Payce address; State: Zip Code \$ 55.73 TYPE OF X Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE 7-8057 ABVERTITING EXPENSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Lower Amount (\$) State; Zip Code Payee address; City: Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** Apventiline EXPENTE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED